REPORT OF LOBBYING FIRM

(Government Code Section 86114)

FORM 625 1990 TYPE OR PRINT IN INK TYPE OR PRINT IN INK TYPE OR PRINT IN INK For information required to be provided to you pursuant to the linformation Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act. NAME OF LOBBYING FIRK: POLITICAL SOLUTIONS, LLC BUSINESS ADDRESS: (Number and Street) (City) (C		REPORT COVERS	PERIOD FROM 01/0)1/20	10 THROUGH	03/31/2010	
TYPE OR PRINT IN INK A A For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act. NAME OF LOBBYING FIRM: POLITICAL SOLUTIONS, LLC USINNESS ADDRESS: (Number and Street) SOCRAMEN - CA 95814 MAILING ADDRESS: (If different than above) PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.) PARTINERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE 'LOBBYIST REPORTS' (FORM 615) ARE ATTACHED TO PARTINERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD PARTINERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD A GRAND TOTAL PAYMENTS RECEIVED: \$463166.38 E. CAMPAIGN CONTRIBUTIONS MADE: [Trons Subticidate in Part III]. Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOTAL PAYMENTS TO OTHER \$45000.00 (Pron Part III, Section A. 3) C. TOT		CUMULATIVE PER	NOD BEGINNING		01/01/2009		
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Manual on Labbeton Disclosure Provisions of the Political Reform Act. NAME OF LOBBYING FIRM:			TYPE OR PRINT IN	INK			A
POLITICAL SOLUTIONS, LLC BUSINESS ADDRESS: (Number and Street)				actices	Act of 1977, see I	<u>nformation</u>	В
BUSINESS ADDRESS: (In different than above) PART I- (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.) PART I- (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.) PART I- (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.) PARTINERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE 'LOBBYIST REPORTS' (FORM 615) ARE ATTACHED TO THIS REPORT OR SEPARATE OCCASIONS DURING THE PERIOD PARTINERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD REPORT OF PARTINES OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD A. GRAND TOTAL PAYMENTS RECEIVED: \$ 463166.38 E. CAMPAIGN CONTRIBUTIONS MADE: Mone This Period	NAME OF LOBBYING FIRM:						
MAILING ADDRESS: (If different than above) PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)							
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PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD Partner KRISTIN M. BEARD Employee ANGELA K.W. BLANCHARD Employee STEVEN CRUZ If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD A. GRAND TOTAL PAYMENTS RECEIVED: \$\frac{463166.38}{463166.38}\$ E. CAMPAIGN CONTRIBUTIONS MADE: (From Subtoblas in Part II) B. TOTAL ACTIVITY EXPENSES: \$\frac{0.00}{2}\$ 0.00 (From Part III, Section A, 3) C. TOTAL PAYMENTS TO OTHER \$\frac{45000.00}{2}\$ 1.5000.00 D. GRAND TOTAL PAYMENTS MADE: \$\frac{45000.00}{2}\$ 1.5000.00 (B + C, above) VERIFICATION I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) At (City and State) SACRAMENTO, CA TAMI MILLER	MAILING ADDRESS: (If differe	ent than above)					
PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT OR PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD Partner KRISTIN M. BEARD Employee ANGELA K.W. BLANCHARD Employee STEVEN CRUZ If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD A. GRAND TOTAL PAYMENTS RECEIVED: \$\(\frac{463166.38}{463166.38} \) (From Subtoblas in Part II) B. TOTAL ACTIVITY EXPENSES: \$\(\frac{0.00}{2} \) (From 11I), Section A, 3) C. TOTAL PAYMENTS TO OTHER \$\(\frac{45000.00}{2} \) (B. C. ASDOVE) D. GRAND TOTAL PAYMENTS MADE: \$\(\frac{45000.00}{2} \) (B. C. ASDOVE) VERIFICATION I have used all reasonable diligence in prepraing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) At (City and State) SACRAMENTO, CA TAMI MILLER Title							
THIS REPORT OB PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD Partner KRISTIN M. BEARD Employee ANGELA K.W. BLANCHARD Employee STEVEN CRUZ If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD A. GRAND TOTAL PAYMENTS RECEIVED: \$ 463166.38 E. CAMPAIGN CONTRIBUTIONS MADE: You have been been been been been been been be	PART I - (Read the instruction	ns on the reverse befo	ore completing this section	n. The	n, check o <u>ne</u> of th	e boxes below and o	complete Part I.)
PARTNERS. OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD KRISTIN M. BEARD Employee ANGELA K.W. BLANCHARD Employee STEVEN CRUZ If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD A. GRAND TOTAL PAYMENTS RECEIVED: \$ 463166.38			, OR EMPLOYEES WHC	SE "Lo	OBBYIST REPOR	TS" (FORM 615) AF	RE ATTACHED TO
Partner KRISTIN M. BEARD Employee ANGELA K.W. BLANCHARD Employee STEVEN CRUZ If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD A. GRAND TOTAL PAYMENTS RECEIVED: \$ 463166.38 (From Subtotals in Part II) B. TOTAL ACTIVITY EXPENSES: \$ 0.00 (From Part III, Section A, 3) C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: (From Part III, Section B) D. GRAND TOTAL PAYMENTS MADE: \$ 45000.00 (B+C, above) VERIFICATION I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) At (City and State) SACRAMENTO,CA Name of Responsible Officer (Type or Print) Title	THIS REPORT		OR EMPLOYEES WHO) FNG	AGED IN DIRECT	COMMUNICATION	ON AT LEAST FIVE
EMPloyee ANGELA K.W. BLANCHARD Employee TERESA COOKE Employee STEVEN CRUZ If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD	SEPARATE O						
ANGELA K.W. BLANCHARD Employee TERESA COOKE Employee STEVEN CRUZ If more space is needed, check box and attach continuation sheets. SUMMARY OF PAYMENTS THIS PERIOD							
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SUMMARY OF PAYMENTS THIS PERIOD A. GRAND TOTAL PAYMENTS RECEIVED: \$\(\) 463166.38 E. CAMPAIGN CONTRIBUTIONS MADE: \$\(\) None This Period \(\) Part IV Completed and Attached B. TOTAL ACTIVITY EXPENSES: \$\(\) 0.00 Part III, Section A, 3) C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: (From Part III, Section B) D. GRAND TOTAL PAYMENTS MADE: \$\(\) 45000.00 B. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: (From Part III, Section B) D. GRAND TOTAL PAYMENTS MADE: \$\(\) 45000.00 B. TOTAL PAYMENTS TO OTHER LOBBYING COALITION? VERIFICATION I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) At (City and State) By (Signature of Responsible Officer) O4/22/2010 Name of Responsible Officer (Type or Print) Title							
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Solution Part III Part III Part III Part IIV Completed and Attached				I			
B. TOTAL ACTIVITY EXPENSES: (From Part III, Section A, 3) C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: (From Part III, Section B) D. GRAND TOTAL PAYMENTS MADE: (B + C, above) SERIFICATION I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) O4/22/2010 Name of Responsible Officer (Type or Print) S 45000.00 F. IS THE FIRM A MEMBER OF A LOBBYING COALITION? I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) At (City and State) SACRAMENTO,CA TAMI MILLER Name of Responsible Officer (Type or Print)			\$ 463166.38	E.			
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LOBBYING FIRMS: (From Part III, Section B) D. GRAND TOTAL PAYMENTS MADE: \$ 45000.00 VERIFICATION I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) 04/22/2010 No Yes (Complete and attach Form 630) The provided Herein and Attach Form 630) Yes (Complete and attach Form 630) Yes (Complete and attach Form 630) Yes (Complete and attach Form 630) The provided Herein Graph State Firm Attach Form 630) Yes (Complete and attach Form 630) Yes (Complete and attach Form 630) The provided Herein Graph State Firm Attach Form 630) Yes (Complete and attach Form 630) The provided Herein Graph State Firm Attach Form 630) Yes (Complete and attach Form 630) Yes (Complete and attach Form 630) Yes (Complete and attach Form 630) The provided Herein Graph State Firm Attach Form 630) Yes (Complete and attach Form 630)			<u> </u>				
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D. GRAND TOTAL PAYMENTS MADE: \$ 45000.00 VERIFICATION I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on (Date) O4/22/2010 At (City and State) SACRAMENTO,CA TAMI MILLER Name of Responsible Officer (Type or Print) Title		3)			X No	Yes	(Complete and attach Form 630)
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Executed on (Date) 04/22/2010 At (City and State) SACRAMENTO,CA TAMI MILLER Name of Responsible Officer (Type or Print) Title		_		_		-	to the boot of my known
04/22/2010 SACRAMENTO,CA TAMI MILLER Name of Responsible Officer (Type or Print) Title	I certify under pen	alty of perjury und	der the laws of the St	ate of	California that	the foregoing is	true and correct.
Name of Responsible Officer (Type or Print) Title							
	04/22/2010		SACRAMENTO,CA			TAMI MILLER	
TAMI MILLER PARTNER (444200-SLC)	Name of Responsible Officer (I (Type or Print)				Title	
	TAMI MILLER					PARTNER (4442	200-SLC)

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYING ACTIVITY (Ar	nounts ma	ay be rounded off to v	vhole dollars.
Employer's Name, 24 HOUR FITNES	Address and Telephone I	Number			
SAN RAMON CA	94583				
Legislative or State Period. (See instruc	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the			
NONE					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 2500.00	\$ 0.00	\$ 0.00	\$	2500.00	\$ 32500.00
	Address and Telephone IDA MOTOR COMPAN				
WASHINGTON D					
Period. (See instruc	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the			
SBX8 46					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 15000.00	\$ 537.40	\$ 0.00	\$	15537.40	\$ 121271.40
	Address and Telephone I	Number			
ALEXANDRIA VA	A 22314				
Legislative or State Period. (See instruc		tions "Actively" Lobbied During the			
NONE					
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date
\$ 25500.00	\$ 0.00	\$ 0.00	\$	25500.00	\$ 154402.24
If more space is n	eeded, check box and attach	continuation sheets SUBTOTA	L \$	463166.38	

PERIOD COVERED:	01/01/2010	03/31/2010	

PART III	PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES								
SECTION	SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)								
	ITY EXPENSES ARRANGED, INCURI RRED BY A LOBBYIST)	RED, OR PAID BY THE LOBBYI	NG FIRM (OTHE	ER THAN THOSE PA	ID OR				
Date	Name and Address of Payee	of Reportable Persons a	Name and Official Position of Reportable Persons and Amount Benefiting Each Description of Consideration						
			\$		\$				
	Reference No:								
If more	space is needed, check box and attach con			OTAL SECTION A.1.	. 0.00				
		· · · · · · · · · · · · · · · · · · ·		ontinuation Sheets)	\$ 0.00				
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.									
3. TOTAL	_ ACTIVITY EXPENSES (Section A, Pa	arts 1 + 2)			\$ 0.00				

PERIOD COVERED:	01/01/2010	03/31/2010	
NAME OF LOBBYING	FIRM:POLITICAL	SOLUTIONS,LLC	

PART III - PAYMENTS MADE (Continued)								
SECTION E	S: PAYMENTS MADE TO OTHER LOBB	YING FIRMS						
	lame, Address and Telephone umber of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Peri		_	Cumulative otal to Date		
DUNN CONSUL	ΓING	SAN MATEO,COUTY OF	\$ 10000.00 \$ 25000.					
SACRAMENTO	CA 95812							
DUNN CONSUL	TING	SELF-HELP COUNTIES COATION	270	00.00		87000.00		
SACRAMENTO	CA 95812							
DUNN CONSUL	TING	TRANE	80	00.00		44000.00		
SACRAMENTO	CA 95812							
	pace is needed, check box and attach on sheets.	TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 450	00.00				
behalf of sta be reported A. If the distance is the distance	te candidates, elected state officers and any of in A or B below.) the contributions made by you during the period closure statement which is on file with the Selow.	(Monetary and non-monetary campaign con of their controlled committees, or committees s od covered by this report, or by a committee you cretary of State, report the name of the comm	supporting such of	candidat	es or off d in a ca	icers must mpaign		
	f Major Donor or Recipient Committee Which gn Disclosure Statement:		dentification Num Recipient Commit					
	ntributions of \$100 or more which have not be ganization's sponsored committee, must be ite	een reported on a campaign disclosure statem emized below.	nent, including co	ntributio	ns made	e by an		
Date	Name of Rec		D. Number if Committee		Am	nount		
				\$				
If more space is needed, check box and attach continuation sheets.								
	NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.							

REPORT OF LOBBYING FIRM

(Government Code Section 86114)

REPORT COVERS PERIOD FROM 01/01/2010 THROUGH 03/31/2010 **FORM 625** 01/01/2009 **CUMULATIVE PERIOD BEGINNING** 1990 FOR OFFICIAL USE ONLY Α TYPE OR PRINT IN INK В For information required to be provided to you pursuant to the Information Practices Act of 1977, see Information Manual on Lobbying Disclosure Provisions of the Political Reform Act. PART I - (Read the instructions on the reverse before completing this section.) Partner STACY I. DWELLEY Partner TAMI N. MILLER

PART II - PAYM See Instructions of		CONNECTION WITH LOBBYING ACTIVITY (Amou	nts may be rounded off to	whole dollars.
	Address and Telephone N	Number		
	D ITS AFFILIATED EN			
SACRAMENTO (
Legislative or State Period. (See instruc AB 234,1178,249	Agency Administrative Actions on reverse.) 3; SB 14,31,261,546,69	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 15900.00	\$ 0.00	\$ 0.00	\$ 15900.00	\$ 75564.95
	Address and Telephone			
CALIFORNIA ASS	SOCIATION OF NURSI	E ANESTHETISTS (CANA)		
COLUSA CA 95	932			
Legislative or State Period. (See instrud AB 867	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 18750.00	\$ 0.00	\$ 0.00	\$ 18750.00	\$ 93501.64
	Address and Telephone Number LDING INDUSTRY AS			
SACRAMENTO (CA 95814			
Period, (See instruc	DEPARTMENT OF V			
Fees and	Reimbursements of	Advances or Other Payments	Total This	Cumulative
Retainers	Expenses	(attach explanation)	Period \$ 21000.00	Total to Date \$ 21000.00
\$ 21000.00	\$ 0.00	\$ 0.00	\$ 21000.00	\$ 21000.00
	•	PAGE SUBTOTAL	\$ 55650.00	

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYING ACTIVITY (Amount	nts ma	y be rounded off to v	vhole d	ollars.		
	Employer's Name, Address and Telephone Number CALIFORNIA NURSE MIDWIVES ASSOCIATION (CNMA)							
MONTEREY CA	93940							
Legislative or State Period. (See instruc AB 113,1825,1966	Agency Administrative Actions on reverse.) 5; ACR 105	tions "Actively" Lobbied During the						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		Cumulative Total to Date		
\$ 8000.00	\$ 0.00	\$ 0.00	\$	8000.00	\$	28000.00		
	Address and Telephone N AVEL INDUSTRY ASSO							
FOLSOM CA 950								
Legislative or State Period. (See instruc AB 1652,1675,168	Agency Administrative Actions on reverse.) 37,1694,1750,1824; SB	tions "Actively" Lobbied During the 885,1210						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		Cumulative Total to Date		
\$ 8000.00	\$ 0.00	\$ 0.00	\$	8000.00	\$	33306.47		
Employer's Name, CHILDREN NOW	Address and Telephone N	Number ()						
OAKLAND CA 94	4612							
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) AB 2477; SB 771; LEGISLATURE,GOVERNOR'S OFFICE RE: CHILDREN'S HEAL - TH CARE COVERAGE								
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period		Cumulative Total to Date		
\$ 0.00	\$ 0.00	\$ 0.00	\$	0.00	\$	0.00		
<u> </u>	<u> </u>	PAGE SUBTOTAL	\$	16000.00				

		CONNECTION WITH LOBBYING ACTIVITY (Amount	nts may be rounded off to	whole dollars.
See Instructions or	,		1	
	Address and Telephone NENSE FUND - CA	Number		
WASHINGTON D	C 20001			
Legislative or State Period. (See instruc AB 2477: SB 771; TH CARE COVER	Agency Administrative Actions on reverse.) LEGISLATURE,GOVE	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Address and Telephone I	Number		
DONATE LIFE CA	ALIFORNIA			
SACRAMENTO (CA 95833			
Legislative or State Period. (See instruc AB 2352,2440; SE	Agency Administrative Actions on reverse.) 3 975,1304,1395	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 15000.00	\$ 73.36	\$ 0.00	\$ 15073.36	\$ 112951.19
Employer's Name, EXPEDIA	Address and Telephone N	Number		
WASHINGTON D	C 20005			
Period. (See instruc	Agency Administrative Actions on reverse.) E: TRANSIENT OCCU			
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 22500.00	\$ 0.00	\$ 0.00	\$ 22500.00	\$ 105000.00
	I	PAGE SUBTOTAL	\$ 37573.36	

PART II - PAYM See Instructions or		CONNECTION WITH LOBBYING ACTIVITY (Amount	nts ma	y be rounded off to v	vhole dollars.			
	Employer's Name, Address and Telephone Number FAMILY WINEMAKERS OF CALIFORNIA							
SACRAMENTO (
Period. (See instruction	tions on reverse.)	tions "Actively" Lobbied During the						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date			
\$ 18000.00	\$ 0.00	\$ 0.00	\$	18000.00	\$ 90000.00			
Employer's Name, FIVE POINT COM	Address and Telephone N	Number						
ALISO VIEJO CA								
Legislative or State Period. (See instruc NONE		tions "Actively" Lobbied During the						
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date			
\$ 7500.00	\$ 0.00	\$ 0.00	\$	7500.00	\$ 7500.00			
	Address and Telephone N STRIBUTION MANAG	Number EMENT ASSOCIATION (HDMA)						
ARLINGTON VA	22203							
Legislative or State Period. (See instruc AB 1455	Agency Administrative Actions on reverse.)							
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)		Total This Period	Cumulative Total to Date			
\$ 22500.00	\$ 0.00	\$ 0.00	\$	22500.00	\$ 105000.00			
	I	PAGE SUBTOTAL	\$	48000.00				

PART II - PAYMENTS RECEIVED IN See Instructions on reverse.)	PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)							
Employer's Name, Address and Telephon	Number							
HEARST CORPORATION (SUNICAL								
SAN FRANCISCO CA 94103								
Legislative or State Agency Administrative Period. (See instructions on reverse.) NONE	Actions "Actively" Lobbied During the							
Fees and Reimbursements of Retainers Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date					
\$ 18750.00 \$ 0.00	\$ 0.00	\$ 18750.00	\$ 63750.00					
Employer's Name, Address and Telephon THE HOME DEPOT	Number							
WASHINGTON DC 20001								
Legislative or State Agency Administrative Period. (See instructions on reverse.) AB 2432; ABX8 8; SB 885	Actions "Actively" Lobbied During the							
Fees and Reimbursements of Retainers Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date					
\$ 30000.00 \$ 0.00	\$ 0.00	\$ 30000.00	\$ 150917.64					
Employer's Name, Address and Telephon KLOCKNER PENTAPLAST	Number							
GORDONSVILLE VA 22942								
Legislative or State Agency Administrative Period. (See instructions on reverse.) NONE								
Fees and Reimbursements of Retainers Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date					
\$ 0.00 \$ 0.00	\$ 0.00	\$ 0.00	\$ 29687.50					
L L	PAGE SUBTOTAL	\$ 48750.00						

	II - PAYM		ED IN (CONNE	CTION WITH LOBBYIN	IG ACTIVITY (Amoun	its ma	y be rounded off to v	vhole do	ollars.
		Address and Tele	ephone I	Number		1				
		CURE ADVO			CE; SUSAN G.					
DALLA	S TX 7524	14								
Period.	tive or State (See instruction; SB 836,9	tions on reverse.	rative Ad	ctions "Ad	ctively" Lobbied During the					
		Beinstein	-11		A decrease an Other Bea			Tatal This		O constanting
	es and ainers	Reimburseme Expenses			Advances or Other Pay (attach explanation			Total This Period		Cumulative otal to Date
\$	0.00	·	0.00	\$	0.00	,	\$	0.00	\$	6000.00
*	0.00	*	5.00	*	0.00		Ψ	0.00	*	0000.00
		Address and Tele								
MARC	H OF DIME	S BIRTH DEFE	CTS F	OUNDA	TION					
SANF	RANCISCO	CA 94111								
Legisla	tive or State	Agency Administ	rative A	ctions "A	ctively" Lobbied During the					
AB 159	(See instruc 9,1825; LE	tions on reverse. GISLATURE R) E: CHIL	_DREN/	, MATERNAL HEALTH C	CARE COVE -				
RAGE										
Fee	es and	Reimburseme	nts of		Advances or Other Pay	ments		Total This	(Cumulative
Ret	ainers	Expenses	3		(attach explanation	n)		Period	Т	otal to Date
\$ 1	2000.00	\$ (0.00	\$	0.00		\$	12000.00	\$	58310.00
EI		Address and Tal		\						
		Address and Tele			/					
BOST	ON MA 02	116								
Logisla	tive or State	Agency Administ	rativo A	ctions "A	ctively" Lobbied During the					
Period.	(See instruc	tions on reverse.)	CHOILS A	ctively Lobbled Duling the					
NONE	NONE									
-		Beisel	-11		Advance Off 5			Tatal Thi		Owner de d'a
	es and ainers	Reimburseme Expenses			Advances or Other Pay (attach explanation			Total This Period		Cumulative otal to Date
		 		•		•••	•			
\$	9450.00	\$ (0.00	\$	0.00		\$	9450.00	\$	47307.96
		ı				PAGE SUBTOTAL	\$	21450.00		
								21.30.00		

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number NARAL PRO-CHOICE AMERICA DBA NARAL PRO-CHOICE CALIFORNIA				
SAN FRANCISCO	O CA 94111			
Legislative or State Period. (See instruc SB 1233	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 10000.00	\$ 0.00	\$ 0.00	\$ 10000.00	\$ 35500.00
NEWHALL LAND	Address and Telephone N & FARMING COMPAN			
VALENCIA CA 9 Legislative or State Period. (See instruct SBX8 42	Agency Administrative Ac	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Employer's Name, NIKE INC.	Address and Telephone N	Number		
WASHINGTON DC 20002				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) NONE				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 22500.00	\$ 0.00	\$ 0.00	\$ 22500.00	\$ 97500.00
	•	PAGE SUBTOTAL	\$ 32500.00	

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number PERKINELMER HEALTH SCIENCES,INC.				
SHELTON CT 06	6484			
Legislative or State Period. (See instruc AB 52; ACR 74	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 10500.00	\$ 0.00	\$ 0.00	\$ 10500.00	\$ 52500.00
Employer's Name, Address and Telephone Number PICO CA				
SACRAMENTO (
Legislative or State Period. (See instruc AB 2477; SB 771; TH CARE COVER	ctions on reverse.) LEGISLATURE,GOVE	tions "Actively" Lobbied During the RNOR'S OFFICE RE: CHILDREN'S HEAL -		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Address and Telephone NoLUTIONS INC. (PSI)	Number		
FREMONT CA 9	4538			
Legislative or State Period. (See instruc NONE	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 15000.00	\$ 0.00	\$ 0.00	\$ 15000.00	\$ 105027.16
	'	PAGE SUBTOTAL	\$ 25500.00	

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, SAN MATEO; CO	Address and Telephone NUNTY OF			
REDWOOD CITY	CA 94063			
Period. (See instruct AB 1717; SB 1431 NOR'S OFFICE R	Agency Administrative Actions on reverse.) 1,1439: SBX8 28: LEGI E: BUDGET AND TRA ATION RE: TRANSPO	tions "Actively" Lobbied During the SLATURE RE: BUDGET ISSUES; GOVER - NSPORTATION ISSUES; DEPARTMENT - RTATION ISSUES		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 35000.00	\$ 0.00	\$ 0.00	\$ 35000.00	\$ 105000.00
	Address and Telephone NTIES COALITION			
SACRAMENTO (
Period (See instruc	ctions on reverse.) 9,1348; LEGISLATURE BION,DEPARTMENT O	tions "Actively" Lobbied During the ,GOVERNOR'S OFFICE,CA TRANSPORT - F TRANSPORTATION RE: TRANSPORTA -		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 54000.00	\$ 205.62	\$ 0.00	\$ 54205.62	\$ 201635.58
Employer's Name, STARBUCKS CO	Address and Telephone N	Number		
SAN FRANCISCO CA 94113				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SB 885				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 22500.00	\$ 0.00	\$ 0.00	\$ 22500.00	\$ 22500.00
	•	PAGE SUBTOTAL	\$ 111705.62	

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
	<u> </u>	Number		
Employer's Name, Address and Telephone Number TARGET CORPORATION				
MINNEAPOLIS M				
Legislative or State Period. (See instruc SB 885	Agency Administrative Actions on reverse.)	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 22500.00	\$ 0.00	\$ 0.00	\$ 22500.00	\$ 112500.00
	Address and Telephone I			
TIDES CENTER/C	CHILDREN'S PARTNEI	RSHIP,THE		
SAN FRANCISCO	CA 94129			
Legislative or State Period. (See instruc AB 2477; SB 771; TH CARE COVER	tions on reverse.) LEGISLATURE,GOVE	tions "Actively" Lobbied During the		
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Employer's Name, TRANE CORPOR	Address and Telephone N ATION	Number		
ALEXANDRIA VA	22314			
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SBX8 26; BUILDING STANDARDS COMMISSION RE: GREEN BUILDING STAND - ARDS; DEPARTMENT OF GENERAL SERVICES RE: BUSINESS ISSUES; GOVE - RNOR'S OFFICE RE: GREEN BUILDING ISSUES AND BUSINESS ISSUES				
Fees and	Reimbursements of	Advances or Other Payments	Total This	Cumulative
Retainers	Expenses	(attach explanation)	Period	Total to Date
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 132000.00
L		PAGE SUBTOTAL	\$ 22500.00	

TEXT ANNOTATION

PAGE 0

Schedule F625P2

NONE

Reference No: 11593

PAGE 0

Schedule F625P2 Reference No: 7935

*NOTE THAT THE FEES AND RETAINERS WERE PAID BY CALIFORNIA TRANSPLANT DONOR NETWORK,GOLDEN STATE DONOR SERVICES,LIFESHARING,ONE LEGACY